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ABSTRACT

Based on Beisecker's earlier finding that patients over age 60 brought companions to their medical appointments more often than did patients aged 25-59, a study was conducted to examine the role of the companion. Eleven of 21 patients aged 60-85 brought companions. Companions were either spouses or adult children of the patients. Within this group, there was a significant difference between age and presence of a companion (mean age with companion was 72.36; mean age without companion was 65.60). There was no significant difference in length of interaction for patients with and without companions, indicating that the companion, by speaking, took time away from the patient. Tape-recordings of the 11 patients with companions were analyzed by coding comments in six interactive modes: doctor to patient, doctor to companion, patient to doctor, companion to doctor, patient to companion, and companion to patient. Interactions were divided into three segments: history, physical examination, and feedback. Results revealed that 15.65% of comments were directed from doctor to companion, whereas 22.15% were directed from companion to doctor, indicating that the companion responded or initiated comments when the doctor was not addressing him or her. Companion communication occurred in history and feedback segments with little activity during the physical examination. Companions played three roles: watchdog, significant other and surrogate patient. (Author/NB)

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THE COMPANION'S ROLE IN THE DOCTOR-ELDERLY PATIENT-COMPANION INTERACTION

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ABSTRACT

Based on Beisecker's earlier finding that patients over age 60 brought companions to their medical appointments more often than patients 25-59, we examined the role of the companion. Eleven of twenty-one patients aged 60-85 brought companions. Within this group, there was a significant difference between age and presence of a companion (mean age with companion was 72.36; mean age without companion was 65.60, $p<.05$). There was no significant difference in length of interaction for patients with and without companions, indicating that the companion, by speaking, took time away from the patient.

Tape-recordings of the eleven patients with companions were analyzed by coding comments in six interactive modes: doctor (D) to patient (P), D to companion (C), P to D, C to D, P to C, and C to P. Interactions were divided into three segments: history, physical examination and feedback. We found that 15.65% of comments were directed from doctor to companion, whereas 22.15% were directed from companion to doctor indicating the companion responded or initiated comments when the doctor was not addressing him or her. Companion communication occurred in history and feedback segments with little activity during the physical examination. Companions played three roles: watchdog, significant other and surrogate patient.

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The Companion's Role in the Doctor-Elderly Patient-Companion Interaction

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PRIOR RESEARCH

Elderly patients make many visits to their doctors, often bringing companions with them who interact with the physicians. Beisecker (1985a) found that older patients (60 years of age and over) and younger patients (under 25) brought companions with them to the doctor's appointment significantly more often than did patients aged 25-59.

Beisecker, Medhat and Redford (1986) reported that the companion factor was significant in explaining patient consumerist communication behavior. The effect of the presence of a companion is intriguing. In a two-person doctor-patient interaction, the doctor becomes the significant other providing feedback to the patient about his role behavior as a patient. When the patient brings a companion, there are two "significant others" and the question becomes, who is the more significant one?

Beisecker et al. (1986) also found that situational factors were more important than attitudinal variables and demographic variables in predicting patient communication behavior. It is noteworthy that the one situational variable under the patient's control is the presence or absence of a companion. However, the doctor can, and often does, use the companion for his own ends, altering his behavior to coincide with the

expectations and behavior of the companion.

The companion can, in short, become the "more significant other" for the doctor, also. Patients, especially older patients, often complain that a doctor ignores them and speaks to the companion. The companion tells the doctor how well the patient has complied with the doctor's orders and gives the general report on the patient's condition. In short, the companion may become the pivotal person conveying information and feedback between doctor and patient. Both doctor and patient may be playing their roles with the companion as a reference point rather than doctor playing to patient and vice versa.

There has been little previous research documenting or analyzing the role of the companion in the doctor-patient interaction. Coe and Prendergast (1985) indicated that encounters including a physician, an elderly patient and an accompanying relative provide opportunities for coalition formation not found in dyadic doctor-patient encounters, and Herndon (1984) stated that the companion, while playing various roles, is almost always relevant to the interaction. The presence or absence of a patient's companion is clearly a variable that has been neglected in the literature and in empirical research; however, it is one which appears to be important based on clinical observations.

THE PRESENT STUDY

This study evolved from the larger study by Beisecker et al. (1986), focusing on the elderly patients in the previous research, and examining in depth the tape recordings of elderly patients who brought companions with them to their medical appointments. The research was conducted in the out-patient

clinics of the Department of Rehabilitation Medicine at a teaching hospital associated with a university medical center. Each patient completed a demographic questionnaire, was tape-recorded during his/her entire doctor's appointment, and participated in a post-appointment interview with the researcher. After a delay of at least two weeks, each patient completed an opinion survey composed of scales measuring consumerist attitudes toward medicine and doctors.

Eleven of the 21 patients aged 60-85 brought companions. Patients bringing companions included recovering stroke patients, patients with severe arthritis, chronic back pain and muscle diseases such as muscular dystrophy. Some patients were visiting the clinic for disability certification so they could receive disability benefits. In short, patients with a wide range of ailments and disabilities were observed.

Of the eleven elderly patients bringing companions, 7 were females and 4 were males. The 10 elderly patients without companions included 7 females and 3 males. The average number of years of schooling for elderly patients bringing companions was 9.7 years, and the average number of years of education for elderly patients without companions was 11.7 years. For the eleven patients bringing companions, seven brought their spouses and four brought adult children.

Within the 60-85 year age group, a t-test revealed a significant difference in age between those elderly patients with companions and those without. The mean age of patients with companions was 72.36 while the mean age of those without

companions was 65.60 ($t=2.03$; $df=19$, $p<.05$, 1-tailed test). The older the patient, even within the elderly group, the greater the probability that a companion would accompany him/her to a doctor's appointment.

It seems reasonable to assume that an interaction involving three persons (doctor-patient-companion) might last longer than one involving only two persons (doctor and patient). We performed a t-test to determine whether the mean length of interaction of elderly patients who brought companions differed significantly from the length of interaction of elderly patients without companions. No significant difference emerged. This finding suggests that the presence of the companion, since it does not add to the length of interaction, may take time away from the interaction between doctor and patient during medical appointments.

In examining the tape recordings, each medical appointment was divided into three parts; the history-taking, the physical examination and the feedback session. To quantify the type of interactions, comments were categorized into six interactive modes: doctor to patient (D-P), patient to doctor (P-D), doctor to companion (D-C), companion to doctor (C-D), patient to companion (P-C) and companion to patient (C-P). Comments were determined by communicative turns within an interview.

Table 1 indicates that the majority of comments were made by doctor to patient (28.39%) and patient to doctor (28.54%), total (56.93%). Furthermore, the doctor-patient and patient-doctor communication was balanced; each directed as much communication to the other as he/she received. The companion, however, was an

initiator and recipient of a significant amount of communication with the doctor. The doctor-companion comments comprised 15.65% of the total while to companion-doctor comments comprised 22.15%. In contrast to the doctor-patient interaction, the doctor-companion interaction was not balanced. The companion initiated comments to the doctor that did not produce responses OR answered questions and responded to comments of the doctor that were not directed to the companion.

In looking at the interviews by segment (Table 2), we determined that the companion's activity occurred primarily during the history and feedback segments. During the history, doctor-companion comments comprised 16.31% of the total comments in that segment, while companion-doctor comments accounted for 25.28%. Here again, we noted the unbalanced nature of the doctor-companion interaction, and also the unbalanced nature of the doctor-patient interaction. During the history-taking segment, both patients and companions directed more comments to the doctor than the doctor directed to them.

Companions were relatively inactive as either receivers or initiators of comments during the physical examination. During the feedback section, doctor-companion interaction comprised 16.81% of the comments, and companion-doctor interaction totaled 21.79%. Again, the companion directed more comments to the doctor than the doctor directed to the companion. In the feedback segment, the doctor-patient interaction was reversed from the pattern observed during the history. The doctor talked to the patient more than vice versa. Interaction between patients and

companions was only a minor factor in each interview segment.

COMPANION ROLES

Three roles played by the companion were observed: the watchdog, the significant other and the surrogate patient. The watchdog companion elaborated and provided information for the doctor, clarified or obtained information from the doctor and challenged the truth of the information provided by patient to doctor.

During the course of the medical evaluation, watchdog companions influenced the patients' behavior by encouraging them to expand upon facts or to be factually precise in describing their feelings, symptoms, or past events.

Doctor: Are you able to work?

Patient: I've been...

Companion: Tell him the true story. He tried for three days and is utterly fatigued. He's not able..it's taking too much out of him.

Patient to Dr.: I broke a rib.

Companion: Cracked

Patient: I cracked a rib.

Doctor: When did you feel weak again? Do you remember?

Patient: Let's see, when I came down to here.

Companion: No when you suddenly got weak again.

Patient: Oh dear. I didn't know it was suddenly.

Companion: Well, it was mostly suddenly.

The companion serving as a significant other provided the doctor with feedback about his role behavior, and often caused the doctor to switch from addressing the patient to directing his comments to the companion, culminating in the patient being discussed by doctor and companion in the third person form. It appears, then, that the companion's presence had an effect on the doctor's role behavior. The companion indeed became the significant other for the doctor.

For example, while discussing the first episode of illness, the following took place:

Companion: She was doing real fine...Then she lost the strength in her arms and legs...She just collapsed...It took a wheel chair to get her into the house. This was the first time in '81.

Doctor: You mean you got over that...so she recovered?

Doctor to Companion: Before this happened was she walking like?..Could you tell me the difference?

Companion: She always had that weakness, but it's worse here again.

Some companions acted as surrogate patients. They took over the patient's role, interrupted the patient, answered questions for the patient and provided unrequested information regarding the health problem, patient behavior or patient feelings. In this way the companion acted as voice and advocate for the patient. From the patient's standpoint, the companion's behavior might be viewed as helpful. Patients often feel they need advocates when interacting with doctors. However, some patients might prefer to

answer for themselves and resent the companion taking over the patient's role. Doctors are caught in the middle; they need to recognize companions who are trying to take over the patient's role and they must be sensitive to the patient's needs and desires in these situations.

At times, rather than answering directly, the companion expounded upon or restated information provided by the patient. Patients also asked their companions to verify information or relied on the companion to produce the information.

Examples:

Doctor: Do you think it's any better than 6 weeks ago?....Are you walking more now?

Patient: Not...

Companion: He walks until it hurts and he gets too tired.

Patient: This and then...

Companion: To me that foot hasn't gotten a bit better since we got home. It just hurts continually. He sits like that, rubbing it. Well, like he says, he can't rub it because it burns and he's just been in constant misery.

Patient: It seems to me last week with the rain coming in, it seemed like it hurt more...

Companion: The weather, would that have anything to do with it?

Patient (with muscular dystrophy): I'll tell you why I'm here, I received mail...

Companion:..wants to participate. He wants to be a guinea pig. He wants to get going...(concerning a research study for muscular dystrophy)

Patient to companion: (in response to doctor's inquiry as to when her trouble started) Was it in '81 son?

Companion: She was doing real fine...lost strength in her arms and legs...she just collapsed..This was the first time in '81.

It should be noted that the patients studied were elderly patients. As we age, the speed with which the nervous system can process information or send signals for action is slowed. Most people notice lagging reflexes and reaction times as they get older. An examination of the bits of conversation above indicates that the patients' reaction time was slower than the companions'. Some people feel uncomfortable when interacting with a person whose communicative reactions are slowed. Perhaps the companion, especially if he/she was a family member, had gotten into the habit of answering for the patient when the patient was unable to process a question and answer immediately. One means by which a physician assesses a patient is by observing that patient's reaction time and the manner in which he/she processes information. If a companion continually answers for the patient, the doctor loses an important source of data.

As indicated by the previous examples, the companion frequently became the spokesperson for the patient, making sure

the information relayed to the physician was accurate.

Other types of behavior exhibited by the companion may be classified as consumerist behavior. Medical consumerism has been characterized by beliefs challenging physician authority, belief in the patient's right to medical information, and belief in the patient's right to input in medical decision-making (Haug and Lavin, 1983). Based on this description of medical consumerism, consumerist comments would be those asking for information, questioning a doctor's recommendations or otherwise challenging him, and suggesting medical treatments or courses of action.

Examples of consumerist remarks by companions:

Companion: When he walks he kinda throws that foot somewhat...
Doctor:...That muscle is a little weak and these are weaker still so they don't hold it out.
Companion: Would you suggest him putting all the weight on that or keeping it off or letting him do what's comfortable for him?

When discussing physical therapy for a patient, a companion asked these questions:
Companion: What does this therapy entail? We have a...heating pad. Will that help, doctor?..How long can we expect this or is there anything we can do for that (numbness)?

Our data indicates that the companion may be the pivotal person in doctor-elderly ptient-companion interactions.

Companions communicate to both patients and doctors. In addition, both patients and doctors direct questions and remarks to companions. The companion is cognizant of what has happened to the patient and what the doctor has recommended. In short, the companion takes on a "watchdog" role. He can carry out the doctor's recommendation or see that the patient follows "doctor's orders". He also makes sure that the doctor gets a complete picture of the medical problem facing the patient and the patient's resources for coping with the problem.

In the post appointment interviews, a few companions commented on their own perceived role behaviors. They indicated that they did most of the talking because the patient's memory was bad or because the patient told the companion about the problem so that the companion could tell the doctor. Many patients indicated that they felt uncomfortable discussing their medical problems with physicians. Numerous studies have documented reasons for this discomfort including differences in social class and feelings of educational inferiority on the part of patients confronting doctors. One patient we studied commented in the post-appointment interview that she did not want to look foolish to the doctor.

Perhaps people are more comfortable discussing a friend's or relative's medical problems with a doctor than discussing their own. Perhaps they are able to be more objective in discussing another's medical situation. If this be the case, then the presence of a companion may serve a useful purpose for both doctor and patient.

The patient's dependence, voluntary or involuntary, on the

companion is an intriguing factor for further study. If indeed some patients are dependent on their companions, and our data leads us to believe they are, this finding has serious ramifications for doctor-patient communication. The doctor, in such a situation, has the responsibility to make sure the companion understands the treatment plan and recommendations. The doctor would need to focus his remarks on both patient and companion, realizing that the patient was the object of his interest but the companion was the one to whom he must direct information and directions.

In summary, it is apparent that the companion does influence the discourse of both doctor and patient in a doctor-patient interaction during a medical appointment. The companion becomes a spokesperson for the elderly patient, is a "watchdog" for both patient and doctor, and influences how the doctor behaves within the confines of the medical consultation. In short, the companion does become the pivotal "significant other" for both doctor and patient.

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TABLE 1: COMMENTS IN DOCTOR-ELDERLY PATIENT-COMPANION INTERACTIONS

FOCUS ON INTERACTION MODES IN MEDICAL INTERVIEWS

WITH AGED PATIENTS AND THEIR COMPANIONS

N=11

	INTERVIEW SEGMENTS								
	HISTORY		EXAMINATION		FEEDBACK		TOTALS		
INTERACTION MODE	MODE MEAN	MODE %	MODE MEAN	MODE %	MODE MEAN	MODE %	MODE MEAN	MODE %	OVERALL %
D-P	39.09	33.49	27.23	23.75	49.91	42.76	116.73	100.	28.39
D-C	26.09	40.54	11.00	17.09	27.27	42.37	64.36	100.	15.65
P-D	45.73	38.96	28.82	24.55	42.82	36.48	117.36	100.	28.54
C-D	40.45	44.41	15.27	16.77	35.36	38.82	91.09	100.	22.15
P-C	4.00	45.36	2.18	24.74	2.61	29.90	8.82	100.	2.14
C-P	4.64	36.17	3.91	30.50	4.27	33.33	12.81	100.	3.12

TABLE 2: COMMENTS IN DOCTOR-ELDERLY PATIENT-COMPANION INTERACTIONS

FOCUS ON INTERVIEW SEGMENTS IN MEDICAL INTERVIEWS

WITH AGED PATIENTS AND THEIR COMPANIONS

N=11

	MODES												TOTALS		
	D-P		D-C		P-D		C-D		P-C		C-P				
Interview Segments	Mean	%	Mean	%	Mean	%	Mean	%	Mean	%	Mean	%	Segment Mean	Segment %	Overall %
HISTORY	39.09	24.43	26.09	16.31	45.73	38.58	40.45	25.28	4.00	2.50	4.64	2.90	160.00	100.	38.91
EXAMINATION	27.23	31.19	11.00	12.37	28.82	32.41	15.27	17.18	2.18	2.45	3.91	4.40	88.91	100.	21.62
FEEDBACK	49.91	30.76	27.27	16.81	42.82	26.39	35.36	21.79	2.64	1.62	4.27	2.63	162.27	100.	39.46